

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1512  
639

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>45 yrs.</b> IN ARIZONA <b>45 yrs.</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
C. CITY OR TOWN <b>Phoenix</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b> <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Memorial Hospital</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1015 N. 1st St.</b>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Minnie</b>		B. (MIDDLE)		C. (LAST) <b>Aaron</b>	
4. SEX <b>F</b>		5. COLOR OR RACE <b>W</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>	
6B. NAME OF SPOUSE <b>None</b>		7. DATE OF BIRTH MONTH <b>1884</b> DAY <b>71</b> YEAR		8. AGE (IN YEARS LAST BIRTHDAY) <b>71</b>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>House wife</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>England</b>	
11. CITIZEN OF WHAT COUNTRY? <b>Canada</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>		13. SOCIAL SECURITY NO. <b>Unk.</b>	
14A. FATHER'S NAME <b>Unk.</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>		15A. MOTHER'S MAIDEN NAME <b>Unk.</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unk.</b>		16. INFORMANT'S SIGNATURE <b>Mr. James Aaron (son)</b>		ADDRESS <b>Same</b>	
17. DATE OF DEATH (MONTH) <b>March</b> (DAY) <b>6</b> (YEAR) <b>1955</b>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>4201</b> THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. <b>19A. DATE OF OPERATION</b> <b>19B. MAJOR FINDINGS OF OPERATION</b>			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>CARDIAC CESSATION</b> DUE TO (B) <b>MYOCARDIAL INFARCTION C. ACUTE HEART FAILURE</b> DUE TO (C) <b>CORONARY THROMBOSIS SCLEROSIS</b> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>HYPERTENSION. CAUSE - GEN. H.S.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 MAR 1955</b> <b>5 MAR 1955</b> <b>2 DAYS</b> <b>SEVERAL MONTHS</b> <b>SEVERAL YRS</b>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>4 DEC 1954</b> , 19 <b>54</b> , TO <b>6 MAR 1955</b> , 19 <b>55</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>6 MAR 1955</b> , 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>5:30 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22A. SIGNATURE <b>Sarah H. Taylor M.D.</b>		22B. ADDRESS <b>1130 E. McDowell Rd.</b>		22C. DATE SIGNED <b>7 MAR 1955</b>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <b>C</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE <b>March 8, 1955</b>		25B. NAME OF CEMETERY OR CREMATORY <b>Beth Israel Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>	
26A. DATE REC. BY LOCAL REC. <b>3/8/55</b>		26B. REGISTRAR'S SIGNATURE <b>Sarah H. Taylor, Deputy</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>P. L. Moore</b>	
27B. ADDRESS <b>A. L. MOORE &amp; SONS PHOENIX, ARIZONA</b>					